



Howard County

RECREATION & PARKS

2017-2018 EARLY LEARNING CENTER REGISTRATION FORM

Child's Name: _____ Child's Date of Birth: _____
(Must be required age by September 1, 2017)

Parent/Guardian Name: _____

Home Address: _____

Home Telephone: _____ Work/Cell Phone: _____

Email: _____

3 Year Old Programs

	Location	Days	Times	Cost
<input type="checkbox"/>	Bushy Park ES	Mon/Wed	9:30 AM - 1:30 PM	\$256/month
<input type="checkbox"/>	Triadelphia Ridge ES	Mon/Wed/Thurs	9 AM - 11:30 AM	\$242/month

4 Year Old Programs

	Location	Days	Times	Cost
<input type="checkbox"/>	Bushy Park ES	Mon/Wed/Fri	9:30 AM - 3 PM	\$528/month
<input type="checkbox"/>	Triadelphia Ridge ES	Mon/Tues/Wed/Thurs	Noon - 3 PM	\$336/month

3 & 4 Year Old Programs

	Location	Days	Times	Cost
<input type="checkbox"/>	Roger Carter Comm Ctr	Mon-Fri	9:30 AM - 3 PM	\$660/month
<input type="checkbox"/>	Roger Carter Comm Ctr	Mon-Fri	8:30 AM - 4:30 PM	\$799/month

Amount Enclosed: \$ _____ (\$50.00 registration fee is non-refundable) plus \$ _____.

September tuition payment due no later than **July 17, 2017** if not making full payment now.

Paid By: ☐ Check (make payable to Director of Finance) ☐ Visa ☐ Master Card ☐ Discover ☐ American Express

Card Number: _____ **Exp. Date:** _____ **CVC Code:** _____

Cardholder Signature: _____ **Print Name:** _____

I agree to the refund policy for this program: Withdrawals from this program must be made in writing. Customers requesting a refund prior to two weeks before the start will be given a full refund. Refunds requested within two weeks of the program starting date will be charged at a minimum a 20% administrative fee. Additional fees may be assessed to recover costs (supplies, equipment, etc.) associated with the program or days your child has attended once the month begins.

Signature: _____ **Print Name:** _____ **Date:** _____

For office use only **Date Received:** _____ **Amount Received:** _____ **Initials:** _____